

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

VoteVets Action Fund

(b) Address (number and street)

☐ check if different than previously reported

303 Park Ave. S.

(c) City, State and ZIP Code

New York

NY

10010

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001275

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

### (b) Communication Title

Breathe

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Peter Mellman

(b) Address (number and street)

1425 NW 19th Ave

(c) City, State and ZIP Code

Portland

OR

97209

(d) Name of Employer or Principal Place of Business

VoteVets Action Fund

(e) Occupation

CFO

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

284139.69

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Peter Mellman

SIGNATURE Electronically Filed by Peter Mellman

DATE 10/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.